

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
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18	/						68						
19	/						69						
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37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						